

02570 U.S. PTO
040104


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Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
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Dear Sir:

PATENT
Attorney Docket No.: 04265352

CERTIFICATE OF MAILING BY "EXPRESS MAIL" "EXPRESS MAIL" mailing label No. EL 989704555 US Date of Deposit: <u>March 31, 2004</u> I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR § 1.10 on the date indicated above and is addressed to: Mail Stop: Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 By <u>Rebecca Castro</u>  <u>Signature of Person Mailing Papers</u>	
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17510 U.S. PTO
10/815394
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Transmitted herewith for filing in the U.S. Patent and Trademark Office is the patent application of inventor Marcus Braun, of Stuttgart-Vaihingen, Germany, entitled Surgical Instrument. This application claims priority from German Application No. 103 14 828.0, dated April 1, 2003.

Enclosed are:

1. ☒ 19 text pages of specification, including 14 claims, and an Abstract.
2. ☒ Drawings - 5 sheets, including Figures 1, 2, 3, 4, 5, and 6a-c.
3. ☒ An unexecuted Declaration and Power of Attorney.
4. ☒ The filing fee is calculated on the basis of the claims existing in the application at 1 above.

Claims as Filed, Less Any Claims Canceled by Amendment							
	(Col. 1)	(Col. 2)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE	XXXXXXX	XXXXXXX	XXXX	\$385	or	XXXX	\$ 770.00
TOTAL CLAIMS	14 - 20 =	0	x9=	\$ 0	or	x18=	\$ -
INDEP CLAIMS	1 - 3 =	0	x43=	\$ 0	or	x86=	\$ -
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+145=	\$ 0	or	+290=	\$ -
If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$ 0		TOTAL	\$ 770.00

5. ☒ A check in the amount of \$770.00 to cover the filing fee for this application. If there are any additional fees due in connection with the filing of this application, please charge the additional fees to our Deposit Account No. 13-0019.
6. ☒ A Return Postcard for the PTO to acknowledge receipt of this filing.

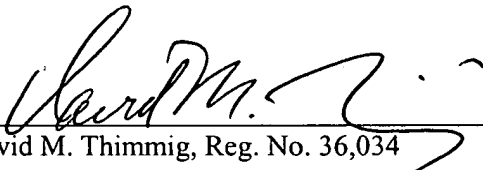
7. ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to deposit Account No. 13-0019. A duplicate copy of this sheet is attached.
- ☒ Any patent application processing fees under 37 CFR §§1.16 or 1.17.
- ☐ The issue fee set in 37 CFR §1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR § 1.311(b).

Please address all telephone calls to David M. Thimmig at telephone number (312) 701-8593 and address all correspondence to:

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Respectfully submitted,

APRIL 1,
Dated: ~~March 31~~, 2004 *μ*



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